									F
Please typ	e a	plus	sign	(+)	inside	this	box	 +	İ

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of irriormation unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	
Filing Date	June 25, 2001
First Named Inventor	H. Brock Kolls
Title	A METHOD OF PROCESSING CASHLESS -PAYMENT TRANSACTIONS WORLDWIDE
Group Art Unit	
Examiner Name	
Attorney Docket Number	USA-010-01

I hereby appoin	nt:	Place Customer				
Practition	Number Bar Code					
OR		Label here				
X Practitions	er(s) named below:					
	Name	Registration Number				
	H. Brock Kolls 42,757					
as my/our attorn	ey(s) or agent(s) to prosecute the application	on identified above, and to transact all				
	United States Patent and Trademark Office					
	he correspondence address for the above-ion	dentified application to:				
	mentioned Customer Number.	Place Customer				
Attumber Ber Code						
Practitioners at Customer Number Label here						
Firm or						
	Individual Name					
Address						
Address City		State Zip				
Country						
Telephone		Fax				
I am the:						
Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71.						
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name	George R. Jensen Jr.					
Signature Champage 4						
Date June 25/2001						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
Total of 1	forms are submitted.					
	A A LINE NO. The Company of the Comp	and december when the mends of the individual cone. Any summents				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

STATEMENT UNDER 37 CFR 3.73(b)					
Applicant/Patent Owner: H. Brock Kolls					
Application No./Patent No.:	File	ed/Issue Date:	June 25, 2001		
Entitled: A METHOD OF PROCESSING CASHLE	ESS PAYMENT TRAN	SACTIONS WORLD	WIDE		
USA Technologies, Inc.	a Corporation		······································		
(Name of Assignee)	(Type of Assignee, e.g.,	corporation, partnership, ur	niversity, government agency, etc.)		
states that it is:					
1. At the assignee of the entire right, title, ar	nd interest: or				
2. an assignee of less than the entire right					
The extent (by, percentage) of its owner	ership interest is	%			
in the patent application/patent identified abo	ve by virtue of eithe	er:			
A. [X] An assignment from the inventor(s) of was recorded in the United States Pat which a copy thereof is attached.					
OR					
B. [ ] A chain of title from the inventor(s), of assignee as shown below:	the patent applicati	on/patent identified	above, to the current		
1. From:	To:				
The document was recorded in t	, or	for which a copy th			
2. From:					
The document was recorded in the Reel, Frame	he United States Pa , or	atent and Trademar for which a copy th	k Office at ereof is attached.		
3. From:	To:				
The document was recorded in the Reel, Frame					
[ ] Additional documents in the chai	n of title are listed o	on a supplemental s	heet.		
[ ] Copies of assignments or other document [NOTE: A separate copy (i.e., the original must be submitted to Assignment Division recorded in the records of the USPTO. See	assignment docum in accordance with	ent or a true copy of			
The undersigned (whose title is supplied below	w) is authorized to a	act on behalf of the	assignee.		
June 25, 2001		George R. Je	ensen Jr.		
Date	<del></del>	Typed or pr	inted name		
	/	year / in			
	,	Signa // Signa	ature		
		Tit	le		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTC/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FO	Attorney Doc	Attorney Docket Number USA-010-01				
DESIG	- E	First Named Inventor H. I				
PATENT APP		COMPLETE IF KNOWN				
(37 CFR	Application Nu	ımber	/			
X Declaration	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date		June 25, 2001		
Submitted OR with Initial		Group Art Unit				
Filing		Examiner Nam	ie			
As a below named inventor, I hereby declare that:						
My residence, mailing address, a	nd citizenship are as st	ated below next to my na	me.			
I believe I am the original, first an names are listed below) of the su	nd sole inventor (if only object matter which is cla	one name is listed below) aimed and for which a pa	or an original, fir tent is sought on	rst and joint inventor (if plural the invention entitled:		
A METHOD OF PROCESSING CASHLESS PAYMENT TRANSACTIONS WORLDWIDE						
	(Title of	the Invention)	***************************************	1		
the specification of which						
X is attached hereto						
OR						
was filed on (MM/DD/YYYY)	)	as United S	tates Application	Number or PCT International		
Application Number	and was	amended on (MM/DD/YY	777	(if applicable).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America. listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: [Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application						
Direct all correspondence to: Customer Number or Bar Code Label CR X Correspondence address below						
USA Technologies, Inc. Dept. IP Name H. Brock Kolls						
Address 200 Plant Ave.						
City Wayne		State PA	zip 19087			
Country USA Te	elephone 610	)-989-0340	Fax 610-989-0344			
i hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR :	A petition h	nas been filed for this un	signed inventor			
Given Name (first and middle [if any]) H. Brock		Family Name Kolls				
Inventor's 767776						
Residence: City Pottstown	State PA	Country USA	Citizenship USA			
Mailing Address 1573 Potter Drive						
City Pottstown	State PA	zip 19087	Country USA			
NAME OF SECOND INVENTOR:	A petition has	s been filed for this unsiq	gned inventor			
Given Name (first and middle [if any])  Family Name or Surname						
Inventor's Signature	700-700-700-700-700-700-700-700-700-700					
Residence: City	State	Country	Citizenship			
Mailing Address						
City	State	ZIP	Country			
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						